

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/520986

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51				3		
2		1					52			1			
3							53				1		
4		2					54				1		
5							55				1		
6							56				1		
7							57				1		
8							58				1		
9							59				1		
10							60				1		
11							61				6		
12							62				6		
13							63				6		
14							64			1			
15							65			1			
16							66						
17							67						
18							68						
19							69						
20	1						70						
21		1					71						
22							72						
23		3					73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32	1						82						
33	1						83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		←	73	←		←
TOTAL CLAIMS							TOTAL CLAIMS			77			